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경영학석사학위논문

“Who Are More Likely To Donate?”:
The Effects of Perceived Controllability on
Empathy and Pro-social Behaviour

“누가 더 기부를 많이 하나?” :
통제가능성이 공감과 친사회적
행동에 미치는 효과

2017 년 02월

서울대학교 대학원

경영학과 경영학 전공

이 가 양

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경영학과 경영학 전공

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Abstract

“Who Are More Likely To Donate?”: The Effects of Perceived Controllability on Empathy and Pro-social Behaviour

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Advertisement is used as a tool of marketing communication, affecting people's attitudes and behaviors. Charity advertising is omnipresent, and the fact that it is one of the most significant tools in raising financial aids makes advertisement especially important today. In this research, I combined Weiner's attribution theory and Batson's empathy theory to gain a deeper understanding of people's helping behaviour in the nonprofit organization context. Specifically, I explored whether findings of Weiner's attribution framework (perceived controllability—affect—action sequence), and Batson's affect-helping framework

could be blended together and be applied in the context of charity advertising. I believed that perceived controllability of disability is an important factor in influencing people's affective reaction of empathy, and ultimately, affecting their pro-social behaviour (donation intention). Testing a mediation with regression analysis, I demonstrated that perceived controllability of disability not only has a direct effect on pro-social behaviour, but also has an indirect effect on pro-social behaviour via affective reaction of empathy. More importantly, I contributed to the previous findings by showing that message receivers' chronic regulatory focus orientation (promotion vs. prevention) has the moderating effect on affective reaction of empathy, and consequently, on pro-social behavior (donation intention). The present study provides an important implication to charity organization marketers: marketers need to segment their donor pool based on people's regulatory focus orientation and align their regulatory focus orientation with fundraising messages to foster people's pro-social behavior.

Keywords: Perceived Controllability of Disability, Empathy, Pro-social Behaviour (Donation Intention), Message Framing, Regulatory Focus Orientation

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Introduction

People around the world are nowadays bombarded with television advertisements, internet campaigns, posters and radio announcements on a daily basis. By communicating and delivering the message of human suffering through different types of marketing channels, they ask people to put an extra effort to hear the voices of the underprivileged group. Analysis on a charity's statistical data has indicated that there is a negative trend in the fundraising area due to a significant cut in most governments' expenditures (Herzer and Nunnenkamp, 2012). This social phenomenon, therefore, creates a greater need for individual donations. Moreover, the fact that advertising is one of the most significant tools in raising financial aids lead marketers to focus developing the best advertising strategies (Das, Kerhof and Kuiper, 2008). In the light of this situation, charity organization marketers need to pay a careful attention to design an effective campaign message that could eventually foster people's pro-social behaviour.

Previous findings suggested that when people observe others in needs, they are induced to feel empathy for others in needs, and consequently, urging themselves to engage in pro-social behaviour (Batson 1991; Batson et al., 1983). This finding suggests that there is a positive relationship between the emotional feeling of empathy and pro-social behavior. Records of various studies in relevance of empathy have shown that many marketers are frequently using particular images of other sufferings in order to generate feelings of empathy and pity (Small and Verrochi, 2009).

Because images and visual contents are an important means of communication, they have become even more apparent in recent years. In this research, however, I utilize a simple textual message to examine whether textual explanation of other sufferings could also be a great marketing strategy for charitable organization. There has been several studies indicating how general public perceive disabled persons as those in need for other's help (Buffart 2009). Such being the case, I employed Weiner's causal controllability framework (attribution – affect—action sequence) to examine whether a manipulation of disabled person using a simple textual description could elicit message recipients' empathy, and ultimately, their pro-social behaviour (donation intention). Furthermore, the present research attempts to examine whether message receivers' chronic regulatory focus orientation moderates the relationship between perceived controllability of disability and pro-social behaviour (donation intention). A substantial body of research consistently demonstrated that emotion functions adaptively in two distinct self-regulation systems, promotion or prevention focus (Ozaki 2011). Yet, little research has been conducted to systematically examine whether there is an interaction effect of perceived controllability of disability and regulatory focus on pro-social behaviour, or donation intention. It is not known, for instance, how interaction between perceived controllability of disability and individuals' distinct chronic regulatory focus orientation (promotion vs. prevention) routinely affect their emotional feeling of empathy. Therefore, I tested a mediation with regression analysis to demonstrate both the direct and indirect effect of perceived controllability of disability on pro-social behaviour,

and the moderating effect of individuals' distinct chronic regulatory of focus orientation on emotional feeling of empathy and pro-social behavior.

Literature Review

Weiner's Attribution Theory: Perceived Controllability of Disability

Attribution theory is a theoretical framework developed by Weiner (Weiner 1995). It examines individual's beliefs about why certain events occur and correlates those beliefs to subsequent motivation. Because it provides an important method for examining and understanding motivation in academic settings, it has been and still is a major research paradigm in social psychology. The basic premise of this theory is that people try to determine what they do, i.e., attributes causes to behavior, and they seek to understand why another person did something (Schneider 1987). In other words, people generally initiate attribution search to determine the origin of the stigma once they are confronted with a 'markable target' (Cutrona, Dan and Jones 1984). Studies have shown that when attributions lead to positive emotional reaction, it leads to a greater willingness to approach compared to those attributions that produce negative emotional reaction (Munton, Stratton and Hanks 1999). Theorists who have examined the attribution framework classified attributions into three categories: *locus of control*, *stability*, and *controllability* (Weiner 1986). They have proposed that locus of control dimension is specifically related with people's persistence

on mission, and that stability dimension is known to influence people's expectancy about their future. Lastly, controllability dimension is widely known for triggering emotional responses to the outcome of task (Weiner 1986). Weiner linked these three properties of attribution framework in relevance to reactions to emotion by connecting beliefs about attribution with aspects of emotion (Weiner and Graham 1984). A sequence of how a particular emotion is experienced is described in the attributional framework such that cognitions of the complexity of attribution enter into the emotion process to help better define and distinguish emotional experiences (Weiner 1985). Weiner has suggested that all three dimensions of attributions are capable of influencing which emotion to be expected. In his later findings, however, he suggested that among the three dimensions of attribution theory, the controllability dimension is particularly more related to what feeling states might be experienced (Weiner 2000). The third dimension of causality, causal controllability, is known as the capability of the actor or someone else to volitionally alter the cause (Weiner 1995). For example, causes such as lack of effort or absence of cautions are considered controllable, whereas causes that are not subject to volitional change such as a bad luck are considered uncontrollable. This dimension is particularly in relevance to attribution theory framework because perceptions of controllability for a behavioral phenomena are considered a determinant of emotion, motivation, and action (Fletcher and Ward, 1988). Other scholars have demonstrated that the relation between the perceived controllability of causes and its effect on emotion, motivation and action can be observed universally (Betancourt and Weiner 1982).

Ample studies have demonstrated that when people perceive an outcome to be a result due to external factors (controllable condition), they tend to have higher implicit bias, and thus, foster themselves to elicit more of a negative emotion, motivation and action. However, when people perceive that an outcome is caused predominantly by internal factor (uncontrollable condition), they tend to have lower implicit bias, and thus, foster themselves to elicit more of a positive emotion, motivation and action. (Teachman, Gapinski, Brownell, Rawlins and Jeyaram 2003). Studies examining the relationship between attribution and a positive emotional reaction of empathy has been widely tested in different settings (Betancourt and Blair 1992; Fopma-Loy and Austin, 1997; Schroeder et al., 1988). Within the set of attribution-empathy constructs, studies have demonstrated controllability attribution framework affect people's emotional reaction of empathy.

Moreover, previous findings suggested that perceived controllability of an outcome is one of the most significant predictors of helping behaviour (Reisenzein 1986; Weiner 1980, 1986). These studies have, once again, proposed for its correlational relationship between controllability attribution, emotion, and behaviour. Specifically, scholars have established that when one perceives an outcome to be uncontrollable (vs. controllable), he/she is more (vs. less) likely to feel empathy and thus, increases (vs. decreases) the chance of offering help.

The Role of Emotion: Empathic Concern and Altruistic Behavior

In the broadest sense, empathy refers to a reaction of one individual to another's emotional state. Empathy is generally believed to be a complex and multifaceted construct consisting of a variety of components (Davis, Hull, Young and Warren, 1987). Many scholars argue that empathy has three major components: self-other awareness (cognitive empathy), affective sharing (affective empathy) and lastly, mental flexibility (Decety and Jackson 2004). Previous studies have enlarged the basis of what it means to have empathy and created a multi-faceted definition by using the combination of empathic concern scale. This multi-faceted empathic concern scale not only assesses the other-oriented feelings of empathy but also assesses the self-oriented feelings of personal anxiety and unease (Davis 1980). A complete taxonomy of empathy relevant phenomena is outside the scope of this paper, yet, I consider empathy as an induction process that reflects an innate ability to perceive and be sensitive to the emotional states of others (Decety 2014).

Emotional reaction of empathy facilitates everyday social interaction. Studies in relevance of emotional reaction of empathy has often been linked in the literature to pro-social behavior, or altruistic responding (Davis 1983). Eisenberg and Miller have postulated a theory that there is a clear relation between empathy and pro-social behavior (Eisenberg and Miller 1987). That is, they have suggested that perspective-taking skills are integral to empathic responses. This transition to other-oriented thinking through perspective taking

results in empathy, and consequently leading to a pro-social behavior (Eisenberg, Fabes and Spinrad, 1996; Eisenberg and Eggum, 2009). Other empirical studies examining the relation between empathic responding and pro-social behavior have suggested that empathy is positively associated with not only compliant, emotional, and dire pro-social behaviors, but also with an anonymous and altruistic pro-social behaviors (Carlo and Randall 2002). Furthermore, other studies have found that a person experiencing higher levels of empathy are much more likely to show helping behaviors compared to a person experiencing low levels of empathy (Zhou, Wildschut, Sedikides, Shi and Feng, 2012).

Attributional beliefs about sufferings have been specified to not only affect people's behaviour but also affect people's emotional reaction of empathy (Berkowitz 1990). Imagine, for example, that your close friend became physically disabled because he lost control over the steering while driving due to a sudden heart attack (uncontrollable), or he has just been incautious (controllable) and got into an accident. These two events will surely elicit different levels of empathy that are partially guided by the attributions made for your friend's condition of physical disability. It is well documented that perceptions of causal controllability elicit empathy and that this emotion provides the bridge between causal thoughts and behaviors.

It is a very natural thing that empathy can be activated in a variety of different ways. For example, empathy can be aroused not only by controlled cognitive processes, such as imagination or reading fiction, but also by the

theory of mind, language, and executive functions, greatly expanding the range of cognitions and behaviors (Decety 2011). In this paper, I focused on how charity's simple textual description of someone suffering in the advertisement message could arouse people's emotional reaction of empathy, and consequently influence people's pro-social behavior of making donation.

Pro-social Behaviour in context of Nonprofit Organizations

Pro-social behaviour generally refers to any action performed by one to alleviate another's need or improve their welfare (Cronin 2012). From a broad perspective, pro-social behavior is a category of actions that benefit the society that we live in, such as helping, comforting, sharing, co-operating and donating (Penner, Dovidio, Piliavin and Schroeder 2005). There are evidences that voluntary actions that benefit others are rooted biologically in human behavior (Burnham and Dominic 2005). In other words, pro-social behavior could be assumed as a pre-programmed biological function of humanity rather than solely nurtured or learned actions. Historically, pro-social behavior has been used since early 1900s, and this term has started to evolve in 1960s to illuminate the psychology of giving, helping, and sharing (Knickerbocker 2003). The understanding of pro-social behavior, such as a significant factors influencing people's helping behaviors and their psychological motivations, was recognized as being key to harmonious interpersonal and group relations. As a result, this area became of interest to many scholars. Studies investigating the psychological

motivations of pro-social behavior have indicated that there are many factors that elicit people's pro-social behavior. For example, pro-social behaviors are known to be motivated by concern about the welfare and rights of others (Sanstock 2007). Moreover, egoistic or practical concerns, such as one's social status or reputation, hope for direct or indirect reciprocity, or adherence to one's perceived system of fairness are also indicated as factors that influence people's pro-social behavior (Eisenberg and Fabes 2007). But most importantly, emotional arousal is known as one of the strongest motivator for pro-social behavior in general (Silk and House 2011). Specifically, empathy has been found to be a strong motive in eliciting pro-social behavior. As a result, nonprofit and voluntary organizations use various advertising tools, seeking to build empathy in their fundraising communications to motivate people's pro-social behavior.

The Effects of Advertising in Nonprofit Organization

The importance of advertising is steadily on the increase in modern society. Just as the media of social communication themselves have enormous influence everywhere, advertising is a pervasive and powerful force in shaping people's attitudes and behavior in our society (Lewis 1981). Because of its enormous effects, advertisements are used in diverse areas, delivering messages concerning health, safety, public issues, national security and many others (Lundgren and Andrea 2013). Nonprofit organizations, especially, utilize the advertisement as their communication tools and marketing strategies. Because non-profit organizations heavily rely on their supporters, having a strong presence

in media is considered especially important for them. Although designing effective message in charity advertisement to reach their goal of persuading people to engage in pro-social behavior requires constant time and effort, the outcomes are considered a worthwhile tradeoff. Advertisement is a great tool to reach to variety of audiences, raise general awareness of others' sufferings, and subsequently attract people to increase their pro-social contributions. Previous finding suggested that people tend to elicit empathy when they observe a person in need, and that this emotional feeling of empathy positively affects their intention to donate (Batson 1991; Batson et al. 1983).

By combining above frameworks and findings, I aim to discover how to successfully deliver the core objective of charity organization to audiences by using an effective message framing. Present paper examines the effect of message recipient's perceived controllability of disability on their emotional reaction of empathy and pro-social behaviour (donation intention). For example, by manipulating the content of controllability of disability, as if he has acquired disability either in a controllable or uncontrollable condition, I intend to examine whether message receivers' perceived controllability of disability has a direct effect and an indirect effect on their pro-social behaviour (donation intention), mediated by emotional reaction of empathy.

Hence, I constructed following hypotheses as below (see Fig.1):

H1: Message receivers' perceived controllability of disability affects their pro-social behaviour (donation intention). When message receivers perceive that

disability was acquired in an uncontrollable (vs. controllable) condition, they are more (vs. less) likely to demonstrate pro-social behaviour or donation intention.

H2: Message receivers' emotional reaction of empathy mediates the relationship between perceived controllability of disability and pro-social behaviour (donation intention). When message receivers perceive that disability was acquired in an uncontrollable (vs. controllable) condition, they are likely to feel higher (vs. lower) empathy, and consequently, increases (vs. decreases) their pro-social behaviour.

Chronic Regulatory Focus as a Potential Moderator

Regulatory focus is known as a goal pursuit theory examining the relationship between the motivation of a person, and the way in which they go about achieving their goal (Higgins 1997). Although a specific regulatory focus could be temporarily induced or primed by external factors, evidences from regulatory focus theory posit that individuals differ in their predominant chronic regulatory focus orientation (Lee, Aaker and Gardner, 2000). Regulatory focus theory posits two separate and independent self-regulatory orientations: promotion and prevention. These two regulatory focus orientations are known to regulate the influences that a person would be exposed in the decision-making process, and ultimately, determining different ways they achieve their goal (Higgins 1997). Individuals with promotion orientation are known to strive toward growth and

accomplishment, aiming to approach gains and avoid non-gains (Higgins 1997). They are inclined to focus more on achieving their hopes and aspirations, and they are sensitive to the presence and absence of positive outcomes. Not only that, promotion focus is associated with the pursuit of ideal self attributes, which is the representation of attributes that people ideally would like to possess (Idson and Higgins 2000; Molden and Higgins 2004). On the other hand, individuals with a prevention orientation strive toward safety and security, aiming to avoid losses and approach non-losses. They are inclined to pursue their goals with vigilance and focus on obtaining security. Moreover, prevention focus is associated with the pursuit of ought self attributes, which is the representation of the attributes that people believe they should possess, such as duty, obligation, or responsibilities (Shah, Higgins and Friedman, 1998). Higgins has noted the importance of regulatory fit because the fit makes individuals engage more strongly in what they are doing (Higgins 2000). Regulatory fit refers to the match between people's regulatory focus orientations—either promotion or prevention—and their strategy for pursuing goals or the consequences they focus on when making decisions. Ample studies have suggested that “feeling right” due to regulatory fit could potentially influence persuasion (Lee, Punam and Sternthal, 2010; Wang and Lee, 2006). For example, message recipients' reaction could be intensified when they “feel right” about their own reaction to the message—positive attitudes become more positive, and negative attitudes become more negative (Cesario et al., 2004). Because individuals with distinct regulatory focus (promotion vs. prevention) regulate their attitudes and behaviors differently,

it is important for marketers to consider their regulatory focus orientation segment in order to create an effective advertising. For instance, I suggest that message recipients' regulatory focus orientation could moderate the relationship between the perceived controllability of disability and empathy in charity organization advertisement circumstances. Specifically, I believe that promotion oriented message recipients' affective reaction of empathy will increase at similar rate regardless of their controllability perception of others' disability (controllable vs. uncontrollable). This is because promotion-oriented individuals pursue their goal of being an 'ideal-self.' Becoming an ideal-self, in this case, is to feel empathy toward the message deliverer in the advertisement (disabled agent) because having empathic concern for those suffering is considered one of the self-concepts that people generally would most likely to possess (Eysenck 2000). I believe that when message recipients are prevention-oriented and if the message delivers that an individual acquired his disability in an uncontrollable situation, however, their empathy would be significantly lower compared to when message delivers that an individual acquired his/her disability in a controllable situation. This is because prevention-oriented individuals pursue their goal of being an 'ought-self.' I believe that prevention-oriented message recipients would not feel obligated to have empathy if they perceive that someone has acquired disability because of his/her own fault, or in a controllable situation, and thus, result in lower pro-social behavior (donation intention).

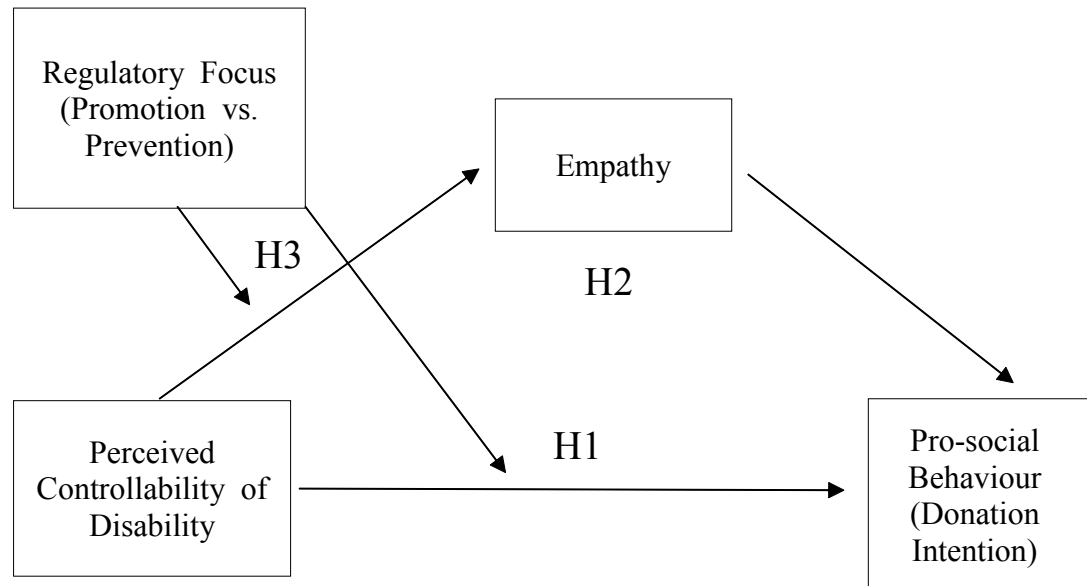
Hence, I constructed following hypotheses as below (see Fig.1):

H3: Message receiver's chronic regulatory focus orientation (promotion vs. prevention) will moderate the perceived controllability–empathy relationship.

H3a: Regardless of promotion-oriented message recipients' perceived controllability of disability (controllable vs. uncontrollable), they will not have a significant difference in the level of empathy toward message deliverer's disability.

H3b: Depending on prevention-oriented message recipients' perceived controllability of disability (controllable vs. uncontrollable), they will have a significant difference in the level of empathy toward message deliverer's disability. When they perceive message deliverer's controllability of disability to be controllable (vs. uncontrollable), their empathy will be lower (vs. higher).

[Figure 1] Research Model



Study Overview

Present study examines the applicability of third dimension of Weiner's model of causal attribution, the controllability. Specifically, I wish to replicate the previous findings of causal controllability effects on emotional reaction of empathy and pro-social behaviour (donation intention) in the context within charity organization. Additionally, I attempt to develop previous findings by investigating whether individual's chronic regulatory focus orientation (promotion vs. prevention) moderates the relationship between perceived controllability of disability and emotional reaction of empathy.

Drawing on Weiner's causal controllability framework, I conducted a pilot study to evaluate whether scenario manipulation of controllability of

disability is feasible for the main experiment. In the first scenario, I framed the message as if a man has acquired his disability in a controllable situation. In the second scenario, I framed the message as if a man has acquired his disability in an uncontrollable situation. After the controllability scenario manipulation check, I investigated study 1 to examine the direct and indirect effect of perceived controllability of disability on pro-social behaviour (donation intention), mediated by empathy.

In study 2, I conducted another scenario based experiment to examine the moderating effect of regulatory focus orientation on the relationship between perceived controllability of disability and empathy.

Pilot Study

Controllability Manipulation Checks. First of all, I recruited 84 participants (58% female, 42% male; $M_{age} = 25.34$, $SD = 1.12$) through Qualtrics. All participants were asked to take a moment in completing a brief questionnaire to verify whether the manipulation scenario of perceived controllability of disability (controllable vs. uncontrollable) is feasible in the experiment. Participants were randomly assigned to read only one of the two hypothetical scenarios that consisted of a simple textual description of a man with physical disability. First hypothetical scenario involved a man who has acquired his disability in a controllable situation, whereas the second hypothetical scenario portrayed a man

who has acquired his disability in an uncontrollable condition. The specific details of two hypothetical scenarios are shown in Appendix 1.

By asking participants to take time to think about the message framed in each scenario, they were asked to evaluate, on a 9-point scale (1= *not at all controllable*, 9= *very controllable*), whether a hypothetical character framed in the scenario has acquired his disability either in a controllable or in an uncontrollable situation.

Results and Discussion

A t-test was conducted to verify whether perceived controllability of disability was successfully manipulated for each condition (controllable vs. uncontrollable). The result of specific statistical analysis on manipulation is presented in the Table 1. Higher (vs. lower) score indicates that participants perceived the hypothetical character's disability as more (vs. less) controllable.

As expected, a paired two sample for means showed that participants rated the hypothetical man with disability framed as controllable to be more controllable ($M = 24.28$, $SD = 20.72$), whereas participants rated the hypothetical man with disability framed as uncontrollable to be more uncontrollable ($M = 8.95$, $SD = 35.54$, $t(84) = 11.67$, $p = 0.000$).

[Table 1] Manipulation Check on Perceived Controllability of Disability

		Mean	Variance	t	p
Perceived Controllability of Disability	Uncontrollable (N=42)	8.95	35.54	-11.67	0.000***
	Controllable (N=42)	24.28	20.72		

*Note: * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$*

Study 1

Study 1 examines the applicability of the perceived controllability of an outcome, a third dimension of Weiner's model of causal attribution framework. Specifically, I tested the hypothesis that perceived controllability of disability has a direct effect on pro-social behaviour (H1 in Fig.1). Moreover, I examined the mediating role of empathy (H2 in Fig. 2).

Method

Participants

MTurk survey participants were recruited to take a short survey, using a pay rate of \$0.20. Researcher required that respondents had a previous approval

rating of at least 98%, and were registered in the United States. A total of 200 participants (61% female, 39% male; $M_{age} = 24.86$, $SD = 1.71$, range=20-60) completed the assignment.

Procedure

Participants were randomly assigned to read either one of the two scenarios: a hypothetical scenario that framed a man's disability either as if the disability was acquired in a controllable condition, or in an uncontrollable condition (see Appendix 1). Controllable condition scenario explained that a man has acquired his disability because he was just incautious when riding cycle. Uncontrollable condition scenario explained that a man has acquired his disability because he had a sudden heart attack when riding cycle. Through manipulation check, I validated that scenarios were successfully manipulated as I intended. After reading the scenario they were each assigned to, participants answered two very simple recall questions to make sure that participants did not simply completed the survey to get the reward (see Appendix 4). For a reliable and accurate analysis, I decided to exclude 31 data because 27 of them incorrectly answered the recall questions, and the other four of them omitted more than one question. Thus, a total of 169 data were analyzed in study 1.

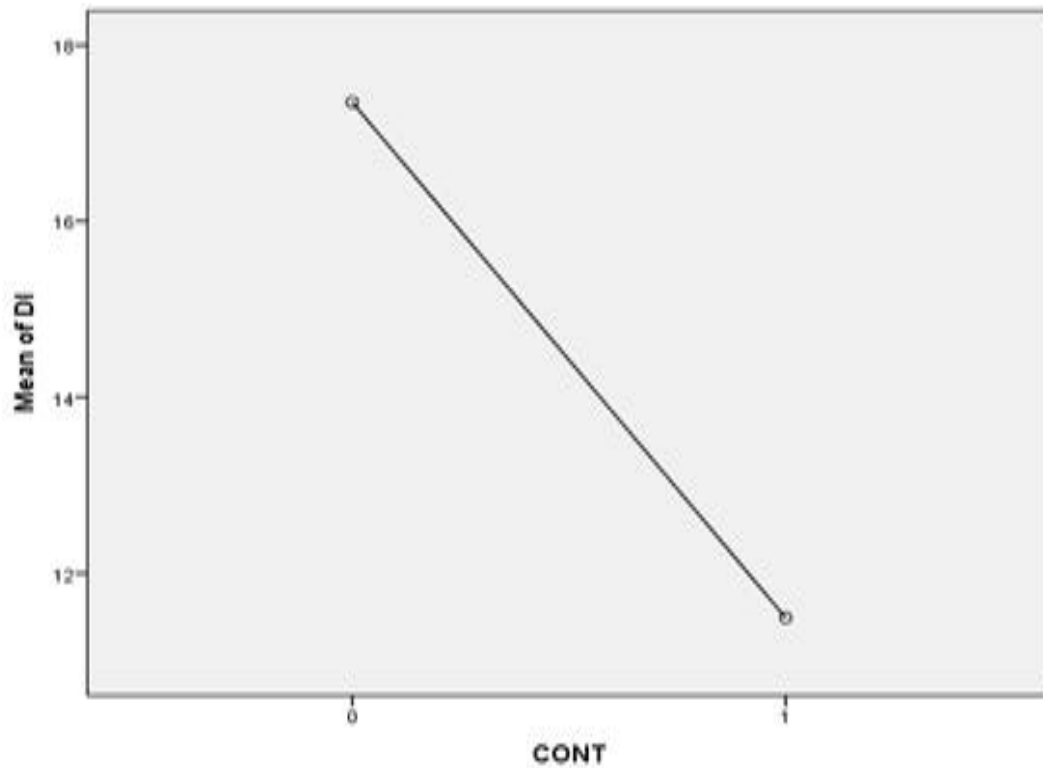
Present study tested two hypotheses: I investigated the direct effect of perceived controllability of disability on pro-social behaviour (donation intention), and a mediating effect of empathy on the relationship between perceived

controllability of disability and pro-social behaviour (donation intention). I conducted an analysis of variance (ANOVA) to test for its direct effect and model 4 of PROCESS to test for its indirect mediating effect of empathy (Hayes, 2013). First, I used the Critical Synthesis Package: Attribution Questionnaire-Short Form (Fridberg and Ahmed 2013) (see Appendix 2). This package contains a critical analysis of the psychometric properties and application to health sciences education for the Attribution Questionnaire. Because this package has been used as a self-administered measure of stigmatizing attitudes and beliefs toward people with mental illness, I used a revised version to measure stigmatizing attitudes and beliefs toward people with physical disability. Ample studies have supported the reliability and validity of this measure. The AQ-27 is divided into 9 sub-scales (blame, anger, empathy, help, dangerousness, fear, avoidance, segregation, coercion) consisting of three items each. Thus, I used 'help' to measure participants' pro-social behaviour (donation intention) and 'empathy' sub-scales to assess participants' pro-social behaviour (donation intention) and empathy level toward a hypothetical disabled character depicted in the scenario. Items are presented on a 9 point Likert scale (1= *not at all*, 9= *very much*) and subscale scores were calculated by summing the items corresponding to that subscale. All participants were asked to rate their level of enhanced empathy and how much they are willing to make a donation to the hypothetical character framed in the message.

Results and Discussion

The Levene's test was not significant ($F=2.61$, $p>0.05$), indicating that assumption of homogeneity of variances was not violated. As expected, participants assigned in an uncontrollable condition clearly showed significantly higher donation intention than participants assigned in a controllable condition ($M_{uncontrollable} = 15.66$ vs. $M_{controllable} = 12.85$, $t(169)=-9.96$, $p<0.001$) (See Figure 2). This finding is consistent with Weiner's attribution model. As expected, the result indicated that helping behavior is a function of the perceived controllability of the target's need for help: when participants perceived other's need for help as controllable (vs. uncontrollable), they were less (vs. more) likely to offer help. Simply said, this study has validated the first hypothesis (H1 in Fig.1) by showing that perceived controllability of disability has a main effect on their pro-social behaviour (donation intention). This result is visually represented in Figure 2.

[Figure 2] The effects of perceived controllability of disability on pro-social behaviour (donation intention).



**x-axis refers to controllability (0 indicates uncontrollable condition, whereas 1 indicates controllable condition,) and y-axis refers to mean scores of pro-social behavior (donation intention)*

In the second part of study 1, I examined the mediating effect of empathy. I proposed that perceived controllability of disability (controllable vs. uncontrollable) influences affective reaction of empathy, which in turn, serves as a guide for pro-social behaviour (donation intention). To verify this, I conducted a mediation analysis using model 4 of PROCESS (Hayes, 2013). Using the bootstrapping, which is particularly useful in studying indirect effects in

mediation models (Shrout and Bolger, 2002), I confirmed that the indirect effect was significant (indirect effect: -1.9577, Bootstrap 95% confidence interval [CI]:[-3.0940, -0.9702]). This result provides evidence of the proposed mediation mechanism in supporting of H2. In other words, the result indicates that empathy mediates the effect of perceived controllability of disability on their pro-social behaviour (donation intention). The statistics for indirect effect of perceived controllability of disability via the proposed mediators of empathy is presented in Figure 3. As shown in Table 2, the perceived controllability of disability had a significant negative direct effect on empathy ($B=-3.15$, $p=0.0001^{***}$), suggesting that empathy decreases (vs. increases) when individuals perceive that disability was acquired in a controllable (vs. uncontrollable) condition.

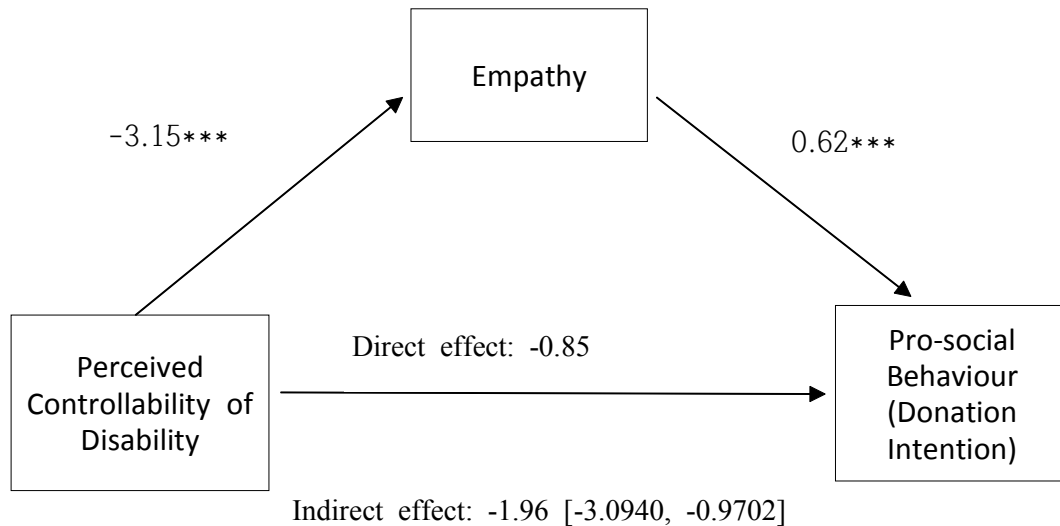
Empathy also had a significant direct effect on pro-social behaviour (donation intention) ($B=0.56$, $p=0.0000^{***}$), suggesting that increase (vs. decrease) in empathy results in increase (vs. decrease) in pro-social behaviour (donation intention). An examination of the indirect effect indicates that empathy is a significant mediator, affecting the relationship between perceived controllability and pro-social behaviour [$ab=-1.76$, 95% CI (-2.7684, -0.9218)]. The direction of the effects is also consistent with the hypotheses (H1 and H2).

[Table 2] Mediating Effect of Empathy

	DV: Empathy				
	Unstandardized Coefficients		t	BootLLCI	BootULCI
	β	se			
Constant	26.82	1.26	21.34***	24.3401	29.3038
Perceived Controllability of Disability	-3.15	0.78	-4.02***	-4.6921	-1.6017
	DV: Pro-social Behaviour (Donation Intention)				
	Unstandardized Coefficients		t	BootLLCI	BootULCI
	β	se			
Constant	1.79	3.34	0.54	-4.8031	8.3733
Empathy	0.62	0.11	5.85***	0.4120	0.8322
Perceived Controllability of Disability	-0.85	1.13	-0.75	-3.0763	1.3746

Note: * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

[Figure 3] Indirect Effect of Perceived Controllability on Pro-social Behaviour (Donation Intention) through Empathy



Note: * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

Study 1 replicated the findings of previous studies on Weiner's causal controllability framework. It contributes on a practical level to charity organizations that framing disability as uncontrollable is an effective communication strategy to elicit message receivers' empathy, thereby promoting their pro-social behavioral intention. In the next study, researcher incorporated individual difference variable of chronic regulatory focus orientation to examine whether this moderates the relationship between perceived controllability of disability and empathy.

Study 2

Study 2 tests the moderating effect of chronic regulatory focus orientation (H3) (see Fig.1). Specifically, I have examined how individuals with distinct chronic regulatory focus (promotion vs. prevention) interacts with their affective reaction of empathy, consequently, influencing their pro-social behaviour (donation intention).

Method

Participants

Two-hundred participants were recruited and paid for their participation (68% female, 32% male; Mage= 25.46, SD=1.58, range=19-53).

Procedure

To measure participants' chronic regulatory focus orientation, Lockwood's General Regulatory Focus Measure (GRFM) was used (Lockwood, Jordan, and Kunda 2002). Lockwood's GRFM has been broadly used in ample studies, known for its high reliability and validity. It is a self-report measure with 18 items, consisting of 9-items each for promotion and prevention sub-scales. For participants' convenience, I only used 14 items (7-items assessing promotion focus and other 7-items assessing prevention focus). On a 9-point scale (1= *Not at all true of me*, 9=*Very true of me*), all participants were asked to rate how

well each statements describe themselves (see Appendix 3). I used Lockwood's scoring method to divide participants in promotion and prevention categories. Regulatory focus scores above average were categorized as promotion-focused and regulatory focus scores below average were categorized as prevention-focused.

Upon completing the General Regulatory Focus Measure, participants were randomly assigned to read either one of the two scenarios: a hypothetical scenario that framed a man's disability either as if the disability was acquired in a controllable condition or in an uncontrollable condition (see Appendix 1). In order to replicate the findings of study 1, which suggests that perceived controllability of disability has direct and indirect effect on pro-social behaviour (donation intention), mediated by affective reaction of empathy, I used the same scenario that was validated for its successful manipulation. After reading the scenario, all participants were asked to answer two very simple recall questions to make sure that they did not completed the survey simply to get the reward (see Appendix 4). For a reliable and accurate analysis, I decided to exclude 25 data because they incorrectly answered the recall questions. Thus, in study 2, a total of 175 data were analyzed.

After having participants read the scenario they were assigned to, I used the Critical Synthesis Package: Attribution Questionnaire-Short Form that was used in study 1 (Fridberg and Ahmed 2013) (see Appendix 2). Again, I used 'help' and 'empathy' sub-scales among the other 9 sub-scales to assess

participants' pro-social behaviour (donation intention) and empathy toward a hypothetical character depicted in the scenario for his disability either acquired in a controllable or in an uncontrollable situation. Items were presented on a 9 point Likert scale (1= *not at all*, 9= *very much*), and subscale scores were calculated by summing the items corresponding to that subscale. After reading the scenario they were assigned to, all participants rated how much they felt empathy and how willing they are to help by making a donation.

Results and Discussion

The objective of study 2 was to test the hypothesis that message recipients' chronic regulatory focus orientation moderates the relationship between empathy and pro-social behaviour (donation intention) (H3 in Fig.1). Before analyzing the moderating effect of regulatory focus, I wanted to replicate the findings from study 1, which proposed a mediating effect of message deliverer's empathy. Thus, I conducted a mediation analysis using model 4 of PROCESS (Hayes 2007). Using bootstrapping, which is particularly useful in examining the indirect effect in mediation models (Shrout and Bolger, 2002), I confirmed that the indirect effect was again significant (indirect effect: -0.57, Bootstrap 95% confidence interval [CI]: [-0.8583, -0.3119]). This result provides an evidence of the proposed mediation mechanism in supporting of H2. Figure 4 provides a visual representation of mediation process analyzed in study 2.

Furthermore, I conducted a mediated moderation analysis using model 8 of PROCESS to examine whether empathy mediates the interaction between perceived controllability of disability and chronic regulatory focus orientation (Hayes 2007). As shown in Table 3, the effect of perceived controllability of disability on empathy and the effect of empathy on pro-social behaviour (donation intention) were significant ($\beta=-0.5182$, $t(175)=-2.0321$, $p<0.01$; $\beta=0.6160$, $t(175)=9.0268$, $p<0.001$). Moreover, the interaction effect of perceived controllability of disability and chronic regulatory focus orientation on empathy was significant ($\beta=-0.8104$, $t(175)=-2.1609$, $p<0.01$). This result shows that perceived controllability of disability interacts with chronic regulatory focus orientation to influence empathy, which in turn, increases pro-social behaviour (donation intention). Not only that, the effect of interaction between perceived controllability of disability and chronic regulatory focus orientation on pro-social behaviour (donation intention) was significant ($\beta=-0.69$, $t(175)=-2.03$, $p<0.05$), validating its conditional direct effect (see Fig.4).

[Table 3] Mediated Moderation Effect and Conditional Direct Effect (Study 2)

	DV: Empathy				
	Unstandardized Coefficients		t	BootLLCI	BootULCI
	β	se			
Constant	5.12	0.19	26.75***	4.7440	5.4999

Perceived Controllability of Disability	-0.52	0.26	-2.03*	-1.0215	-0.0148
Regulatory Focus Orientation	0.38	0.26	1.44	-0.1417	0.8978
Perceived Controllability of Disability x Regulatory Focus Orientation	-0.81	0.38	-2.16*	-1.5507	-0.0701
	DV: Pro-social Behaviour (Donation Intention)				
	Unstandardized Coefficients		t	BootLLCI	BootULCI
	β	se			
Constant	0.90	0.38	2.32*	0.1338	1.6689
Empathy	0.62	0.07	9.03***	0.4813	0.7507
Perceived Controllability of Disability	-0.23	0.23	-1.02	-0.6892	0.2200
Regulatory Focus Orientation	1.20	0.24	5.06**	0.7286	1.6619
Perceived Controllability of Disability x Regulatory Focus Orientation	-0.69	0.34	-2.03*	-1.53592	-0.0200

Note: * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

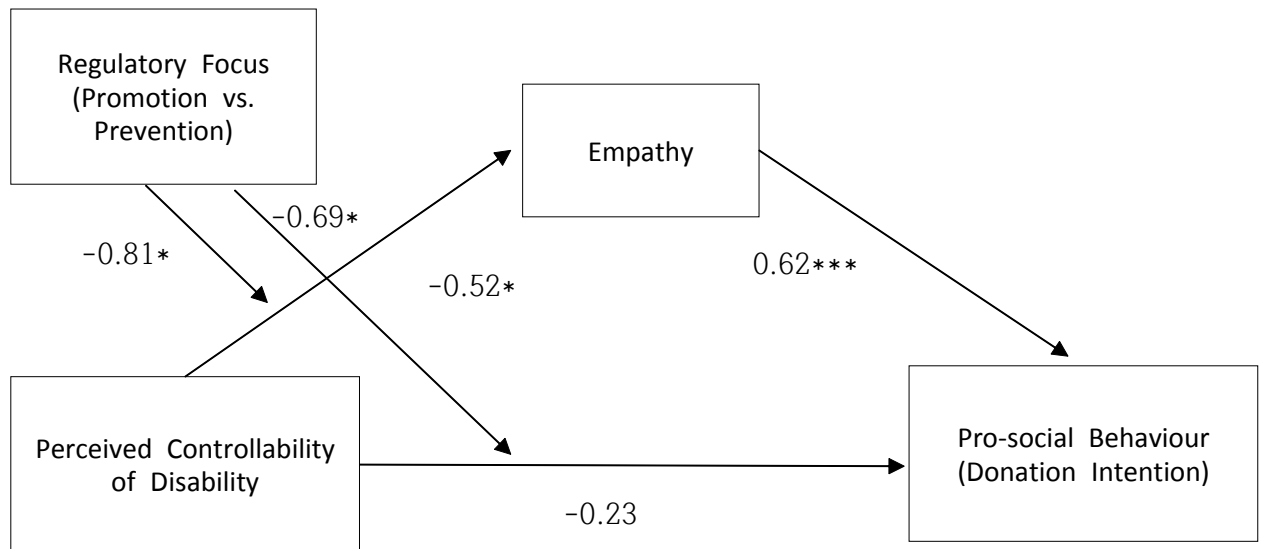
The result of the bootstrap analysis is shown in Table 4. This result shows that the 95% bias-corrected confidence interval for the indirect effect excluded zero (indirect effect: $\beta = -0.82$, [CI]: [-1.2360, -0.4806]), indicating the presence of the conditional indirect effect. The 95% bias-corrected confidence interval for the direct effect also excluded zero ($\beta = -0.92$, [CI]: [-1.4406, -0.4078]), suggesting a significant conditional direct effect (see Table 4).

[Table 4] Conditional Indirect and Conditional Direct Effect of Regulatory Focus Orientation

Conditional Indirect Effect of Regulatory Focus Orientation (DV=Prosocial Behavior)					
Regulatory Focus Orientation	Mediator	β	se	Boot LLCI	Boot ULCI
Prevention	Empathy	-0.82*	0.19	-1.2360	-0.4806
Promotion	Empathy	-0.32	0.18	-0.6771	0.0197
Conditional Direct Effect of Regulatory Focus Orientation (DV= Prosocial Behavior)					
Regulatory Focus Orientation	t	β	se	Boot LLCI	Boot ULCI
Prevention	-3.53**	-0.92	0.23	-1.4406	-0.4078
Promotion	-1.02	-0.23	0.23	-0.6892	0.2200

Note: * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

[Figure 4] Moderating Effect of Chronic Regulatory Focus Orientation



Note: $^*p < 0.05$, $^{**}p < 0.01$, $^{***}p < 0.001$

Study 2 also replicated the findings of previous studies on Weiner's causal controllability framework. It contributes on a practical level to charity organizations that framing disability as uncontrollable is an effective communication strategy to elicit message receivers' empathy, thereby promoting their pro-social behaviour (donation intention). Furthermore, the moderated mediation analysis showed that individuals with prevention focus orientation are more likely to induce empathy when they perceive that other has acquired his disability in an uncontrollable situation. However, individuals with promotion focus orientation did not show a significant difference in their empathy regardless of how much they perceived others' controllability of disability.

(controllable vs. uncontrollable). This result demonstrates the validity of regulatory focus theory, in which promotion focus individuals have their distinct goal of obtaining positive outcomes. In this case, they pursue their goal by increasing their pro-social behaviour (donation intention) regardless of how they perceive others' controllability of disability. On the other hand, prevention-focus individuals have their distinct goal of avoiding negative outcomes. In this case, it is likely that they would feel obligated to induce empathy feeling and increase their intention to help for message deliverer's disability if they perceive that disability was acquired in an uncontrollable situation. Yet, they do not necessarily feel that they need to have empathy and pro-social behaviour (donation intention) if they perceive disability to be acquired in a controllable situation. Thus, the pro-social behaviour (donation intention) in the prevention-focus condition was significantly higher and significant when they perceived controllability of disability to be uncontrollable.

General Discussion

Discussion and Limitations

Across perceived controllability of disability (controllable vs. uncontrollable), I found an association between affective reaction of empathy, pro-social behaviour (donation intention), and chronic regulatory focus orientation. In line with previous studies, findings from study 1 and 2 indicated how

message recipients' perceived controllability of disability has both direct and indirect effect on pro-social behaviour (donation intention), mediated by emotional reaction of empathy. Moreover, the present studies indicated that individual's chronic regulatory focus orientation moderates the relationship between perceived controllability of disability and affective reaction of empathy. The findings showed that pro-social behaviour (donation intention) in the prevention focus oriented individuals was significantly higher than in promotion focus oriented individuals when they perceived that other has acquired his disability in an uncontrollable situation. This result could be explained by the relevance of regulatory focus theory, which suggests that a separate self-regulatory orientation (promotion vs. prevention) fosters different modes of goal-pursuit. Studies have found that promotion focus individuals have goals that function as ideals, whereas prevention focus individuals have goals that function as oughts. Because affective reaction of empathy and pro-social motivation is generally conceptualized as involving ideal representations, promotion focus individuals did not show significant difference in empathy regardless of their perceived controllability of disability, consequently resulting in no difference in their pro-social behaviour (donation intention). Yet, prevention focus individuals did show significant difference in empathy depending on their perceived controllability of disability. The present studies showed that empathy and pro-social behaviour (donation intention) in the prevention-focus condition was significantly higher (vs. lower) when they perceived that other has acquired his disability in an uncontrollable condition (vs. controllable condition).

Regarding the relationship between perceived controllability of disability, empathy, chronic regulatory focus orientation, and pro-social behavior, there are still interesting pertinent issues that future studies could address. First the participants recruited were mainly from a university, both undergraduate and graduate students. Despite the fact that not all of them were students, it is likely that they were in a tight budget relative to middle-aged adults. A greater variety of reported donation intention would have been expected with a wider range of participants. A related limitation is that I used a convenience sample of demographically homogeneous samples, which potentially may limit the external validity and generalizability of the study results. The culture of an organization or society is known to affect the regulatory focus of individuals. For example, several findings indicated that populations in Western cultures are more likely to foster a promotion rather than prevention focus because they are more cognizant of their unique goals and characteristics (Higgins 2000). In contrast, other studies have indicated that populations in East Asian cultures are more likely to foster a prevention focus because they are more aware of the relationships with other people or groups. In order to overcome this methodological limitations, therefore, future research should focus on collecting data from a wider array of demographic characteristics and test the prevalence of these culture-specific attributes.

A second limitation of this study is that I only measured participants' intention to donate, not their actual donating action. In other words, there is a gap between intention and action: having the will to donate does not necessarily

lead to their real action to donate. Thus, future research can focus on how interaction among perceived controllability of disability, empathy, and chronic regulatory focus orientation influence people's actual donation behavior.

Implications

In this work, I have contributed several theoretical implications. First, I provided a more comprehensive Weiner's attribution model of helping behavior framework (Weiner 2005). The analyses from this refined model subsequently cross-validated with data from a different helping situation. Findings not only supported the attribution model of helping behavior but also documented the range of convenience of attribution approach to social motivation of pro-social behavior. For example, this study has advanced our understanding of the attribution model by showing that the likelihood of helping behavior is a function of the perceived controllability of the target's need for help, mediated by emotional reaction of empathy. Most importantly, present article recognized that chronic regulatory focus orientation, an individual difference variable, moderates the impact of causal controllability information on emotional reaction of empathy, and consequently on pro-social behaviour (donation intention). Individuals with a promotion focus orientation did not distinguish between negligent and non-negligent targets in their behavior. In other words, promotion focus oriented individuals offered help to a needy peer at similar rates regardless of their perception on controllability (controllable vs. uncontrollable) of other's

disability. This is because they tend to focus more on a negative outcome, and thus, leading them to believe that it is the right thing to have empathy toward those with disability. In contrast, those with a prevention focus orientation increased their empathy level significantly more to the needy target when they perceived that target has acquired his disability with legitimate reason or in an uncontrollable situation. Yet, when they interpreted that a target has acquired his disability in a controllable situation, they did not feel obligated to have empathy toward the target, and thus, leading them to show less pro-social behavior. These findings are supported by the regulatory focus theory and the regulatory fit theory. Moreover, the finding that chronic regulatory focus orientation (promotion vs. prevention) moderates the pro-social behavior demonstrates that individual difference variable must be considered in attribution models of social behavior.

Present paper also yields some managerial implications to nonprofit charity organization marketers, guiding them to consider factors that have a powerful impact on people's charitable giving behavior. First of all, this study has demonstrated that using a simple textual explanation instead of images of others suffering to increase people's pro-social behavior can be utilized as an effective marketing approach. Not only that, this paper demonstrates that framing of disability in charity advertising campaigns is an effective strategy to induce people's empathy and their pro-social behavior. Moreover, this study contributes a finding that message framing of disability in a charity advertisement can also fit the focus of a person and in that way create a regulatory fit. For example, it revealed that a fit between the frame of a fundraising message and individuals'

chronic regulatory focus orientation can result in leading them to have more willingness for pro-social behavior. This finding contributes a valuable insight to marketers of charity organization that segmenting their donor pool by regulatory focus orientation and refining their fundraising messages to distinguishable types of people must be considered in order to have a significant positive impact on future donations.

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국문 초록

사회적 요구를 해결해 주는 비영리 단체의 역할과 기능이 최근 중요 이슈로 떠오르면서 기부현상에 대한 이론적 설명을 위해 학문 영역에서도 더욱 활발하며 적극적으로 진행되고 있다. 기존 비영리 단체의 기부금 조성 및 기부문화의 확산에 대한 연구를 찾아 본 결과, 잠재 후원자의 감정을 이용하는 메시지 광고 전달은 기부를 유도하는 효과적인 방법이라는 것을 알 수 있었다. 사람들은 삶에서 발생하는 어떠한 결과에 대한 통제가능성 여부의 인지는 그들의 감정과 행동에 영향을 미치는 것을 Weiner's Controllability Attribution Theory를 통해 알려져 있다 (Weiner 1986). 본 연구에서는 장애에 대해 인지되는 통제가능성 여부가 연민 (empathy)라는 감정과 친사회적 행동에 어떠한 영향을 미치는지 알아보았다. 실험 1에서는 장애라는 결과에 대해 통제가 가능했다고 인지하는 사람들과 통제가 불가능했다고 인지하는 사람들이 느끼는 연민(empathy)의 수준에 차이가 있는지 살펴보았으며, 연민을 느끼는 수준에 따른 친사회적 행동에도 영향을 미치는지를 살펴보았다. 또한, 개인차 변수인 자기조절 초점에 따른 감정과 친사회적 행동의 차이를 알아보았다. 자기조절 초점은 Higgins (1998)가 제시한 증진초점 (promotion focus)과 예방초점 (prevention focus)을 사용하였으며, 실험 2에서는 자기조절 초점과 장애라는 결과에 대해 인지되는 통제가능성의 상호작용 효과를 확인하였다.

연구의 주요 결과는 다음과 같았다. 첫째, 장애라는 결과에 대해 통제가 불가능했다고 인지하는 사람들일수록 통제가 가능했다고 인지하는 사람들보다 연민을 더 느꼈으며, 결과적으로 더욱 높은 친사회적 행동을 보였다. 둘째, 개인차 변수인 자기조절초점과 장애에 대한 통제가능성 여부의 상호작용 효과를 확인할 수 있었다. 자기조절 초점이 증진초점인 경우의 사람들은, 장애에 대한 통제가능성 여부에 따른 연민과 친사회적 행동에 통계적으로 유의한 차이를 찾을 수 없었다. 그러나 자기조절 초점이 예방초점인 경우의 사람들은, 장애라는 결과에 대해

통제가 불가능했다고 인지하는 사람들일수록 통제가 가능했다고 인지하는 사람들보다 연민을 더 느꼈으며, 결과적으로 더욱 높은 친사회적 행동을 보이는 것으로 나타났다. 본 연구의 결과는 비영리 단체 마케터가 기부금 조성을 위해 장애라는 결과에 대한 통제가능성 여부 메시지를 잠재 기부자의 자기조절 초점과 일치하게 프레이밍 할 경우 친사회적 행동을 증진시킬 수 있다는 것을 보여준다.

주요어: 통제가능성, 연민, 친사회적 행동, 메시지 프레이밍, 자기조절 초점

학번: 2015-20635

Appendix 1 Perceived Controllability of Disability Manipulation (Study 1 and 2)

This is a hypothetical scenario about a character named 'Sam.'

Please take your time to read this scenario carefully.

Scenario 1. Disability acquired in a *controllable* condition

“My name is Sam. I am a 30 year old man who has always been regarded by others as a highly qualified technician because of my positive attitude and performance. After another successful day at work, I went out to get my ordinary exercise by road cycling. As usual, I wore my headphones to listen to my playlist, turning up the volume to the max. And unfortunately, due to the sound coming from my headphones, I missed warning horns behind and beside me. As a result, I got into a big car accident. Now, I have become paralyzed, and due to my severe physical condition, I have difficulty in performing functional tasks and daily living activities.”

Scenario 2. Disability acquired in an *uncontrollable* condition

“My name is Sam. I am a 30 year old man who has always been regarded by others as a highly qualified technician because of my positive attitude and performance. After another successful day at work, I went out to get my ordinary exercise by road cycling. Although I had never experienced any unusual health problems before, I unexpectedly experienced a heart attack. As a result, I

lost control over the steering and got into a big car accident. Now, I have become paralyzed, and due to my severe physical condition, I have difficulty in performing functional tasks and daily living activities”

Think about the reason or reasons for the causes of Sam's injury (paralysis). The item below concern your impression or opinions of this cause or causes of Sam's disability. Please select one number for each of the following scales.

1. The cause or causes of Sam’s disability was:

(1) Not at all Controllable

(2)

(3)

(4)

(5) Average

(6)

(7)

(8)

(9) Very Controllable

2. The cause of Sam's disability was something:

(1) Unintended by Sam

(2)

(3)

(4)

(5) Average

(6)

(7)

(8)

(9) Intended by Sam

3. The cause of Sam's disability was something for which:

(1) No one is responsible

(2)

(3)

(4)

(5) Average

(6)

(7)

(8)

(9) Sam is responsible

Appendix 2 Attribution Questionnaire-Short Form— Measurement for Empathy and Pro-Social Behaviour (Donation Intention) (Study 1 and 2)

방금 읽으신 Sam씨가 전달한 내용을 생각하며 귀하의 의견을 '전혀 아니다 (1점)'에서부터 '매우 그렇다 (7점)'까지의 보기 중 솔직하게 골라 주십시오.

문 항	내용	전 혀 아 니 다			보 통 이 다			매 우 그 렇 다
1	나는 Sam 씨에게 동정심을 느낀다.	1	2	3	4	5	6	7
2	나는 Sam 씨가 속해있는 장애인 단체에 기부할 의향이 있다	1	2	3	4	5	6	7
3	나는 Sam 씨에게 연민을 느낀다.	1	2	3	4	5	6	7
4	나는 Sam 씨를 위해 재정적 지원을 해 줄 의향이 있다	1	2	3	4	5	6	7
5	나는 Sam 씨에게 도움을 줄 의향이 있다	1	2	3	4	5	6	7

Appendix 3 General Regulatory Focus Measurement (GRFM) (Study 2)

다음은 여러분이 자기 자신에 대해 어떻게 생각하고 있는지를 알아보기 위한 질문입니다. 각 문항을 차근차근 읽어가면서 문장의 내용이 “나 자신을 얼마나 잘 나타내는지”를 판단하여 자신을 가장 잘 나타낸다고 생각되는 번호에 체크해 주십시오. 본 질문지의 모든 문항에는 정답이란 없으므로 여러분의 생각을 솔직하게 답하시면 됩니다.

문 항	내 용	전 혀 아 니 다				보 통 이 다				매 우 그 렇 다
1	나는 부정적 사건 발생을 예방하는 것에 주의를 기울인다.	1	2	3	4	5	6	7	8	9
2	나는 나 스스로의 책임과 의무를 수행하지 못할까 봐 걱정하곤 한다.	1	2	3	4	5	6	7	8	9
3	어떠한 목표를 달성하는 데 실패할까 봐 걱정하곤 한다.	1	2	3	4	5	6	7	8	9
4	평소에 걱정하던 부정적인 일들이 실제로 발생하는 것을 상상하곤 한다.	1	2	3	4	5	6	7	8	9
5	나는 이득을 취하는 것보다 손실을 예방하는 쪽에 더 집중한다.	1	2	3	4	5	6	7	8	9
6	어떻게 하면 실패를 예방할지에 대해 자주 생각해본다.	1	2	3	4	5	6	7	8	9
7	나의 책임과 의무를 다하기 위해 마땅히 해야 할 일을 다 하려 노력한다.	1	2	3	4	5	6	7	8	9

8	내 꿈과 야망을 어떻게 성취할 건지에 대해 자주 생각해본다.	1	2	3	4	5	6	7	8	9
9	장래에 희망하는 바를 반드시 이루겠다고 항상 염두에 두고 있다.	1	2	3	4	5	6	7	8	9
10	인생에서 어떻게 성공을 일구어낼 것인지에 대해 종종 생각한다.	1	2	3	4	5	6	7	8	9
11	꿈, 희망, 열망을 실현하는 나의 '이상향'에 다다르려 노력한다.	1	2	3	4	5	6	7	8	9
12	나는 대체로 긍정적인 결과를 달성하는 것을 중시한다..	1	2	3	4	5	6	7	8	9
13	내가 평소에 바라던 긍정적인 일들이 실제로 발생하는 것을 상상하곤 한다.	1	2	3	4	5	6	7	8	9
14	대체적으로 나는 실패를 예방하는 것보다 성공을 성취하는 것을 추구한다.	1	2	3	4	5	6	7	8	9

Appendix 4 Scenario Recall Questions

다음은 방금 읽으신 Sam씨가 전달한 메시지 내용 관련 퀴즈입니다.

각 질문에 응답해주시기 바랍니다.

1. Sam 씨는 무슨 장애를 가지고 있나요?

(1) 정신지체

(2) 전신마비

(3) 시각장애

2. Sam 씨는 어떠한 사고로 장애를 갖게 되었나요?

(1) 음주사고

(2) 낙상사고

Appendix 5 Demographic Measures

다음은 인구 통계학적 질문입니다.

1. 귀하의 연령은?

2. 귀하의 성별은?

(1) 여성 (2) 남성

3. 귀하는 어느 나라 사람인가요?
